# GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health



Health Regulation
& Licensing Administration

SENT VIA FACSIMILE and US MAIL

January 17, 2008

Ron Raghunandan CEO/CFO Individual Development, Inc. 1420 N Street, NW Suite 9 Washington, DC 20005

RE: 2620 24th Street, NE

Dear Mr. Raghunandan:

On December 28, 2007 a follow-up survey was conducted at the facility identified above to determine if the facility had regained compliance with the Federal Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The revisit resulted in a finding that even though progress had been made in correcting previously cited condition level deficiencies that resulted in the proposed enforcement action, continuing condition-level and standard-level deficiencies remained and preclude finding your facility in compliance with the requirements.

Enclosed are the continuing deficiencies. You have an opportunity to submit a second credible allegation of compliance; however, you must submit documentation to support this allegation. Once the allegation of compliance have been received and approved, surveyor(s) from this office will revisit your facility to verify compliance. If the revisit result in a determination that you have corrected the deficiencies and your facility is in substantial compliance with the Conditions of Participation, this office will recommend to the Department of Health, Medical Assistance Administration (MAA), renewal of your Provider's Agreement.

This office will recommend termination of your federal participation if (1) this office does not receive a credible allegation of compliance by February 1, 2008; (2) if you submit a credible allegation of compliance, but are found not to have been in substantial compliance by February 1, 2008. We will recommend that the termination date will be February 13, 2008, ninety (90) days after the survey completion date.

# GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health





#### SAMPLE SELECTION FORM

Survey Period

From: To: 12/27/07

12/28/07

Provider Name:	IDI 2620 24 <sup>th</sup> St, NE	Provider Number:	09-G120	

Names	Functional Level	Core	Add-On	Client Identifiers
Pamela Oliver	Profound	$\boxtimes$		#1
Xenthian Lewis	Moderate	$\boxtimes$		#2
Carol Anne Lewis	Moderate			#3
Paula Toliver	Profound	$\boxtimes$		#4
Bernice Robinson	Moderate			#5
Claudia Coleman	Profound			#6
Valerie Newton	Profound			#7
Jarniese Daniels	Moderate			#8

Jude Jules	12/28/2007
Team	Date

Should the Health Regulation Administration recommend termination of your federal participation, the MAA will contact you with its determination. The MAA will also apprise you of your hearing rights pursuant to 42 CFR 431.151-154.

If your participation in the Medicaid program is terminated, your facility will not be readmitted to the program unless you can demonstrate to this office that the reason for the termination has been removed and there is a reasonable assurance that it will not recur.

If you have any questions regarding this matter, please contact Ms. Sheila Pannell, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

Patricia W. VanBuren

SAM ware for

Program Manager

**Enclosures** 

Cc: Medical Assistance Administration (MAA)

Department on Disabilities Services (DDS)

PRINTED: 01/16/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER:  A. BUILDING		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G120	B. WIN			R 12/28/2007	
NAME OF P	ROVIDER OR SUPPLIER		1 ,	26	EET ADDRESS, CITY, STATE, ZIP CODE 520 24TH STREET, NE VASHINGTON, DC 20018	12/20	5/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENT	rs	(W 0	00}			
{W 100}	compliance with the participation under Treatment. The find on staff interview, rethe facility's present result of the survey continued to be in a regards to their action the area of Active T 440.150(c) ICF SEI INSTITUTIONS  "Intermediate care services in an instite (hereafter referred facilities for persons persons with related (1) The primary pur provide health or rementally retarded in related conditions; (2) The institution in E of Part 442 of this (3) The mentally retarded in the participation of the part and the participation of the participation of the participation in the participation of the participation of the participation in the participation of the participat	facility services" may include ution for the mentally retarded to as intermediate care s with mental retardation) or d conditions if: pose of the institution is to chabilitative services for individuals or persons with meets the standards in Subpart is Chapter; and tarded recipient for whomed is receiving active	{W 1	00}			
	Based on staff inter facility failed to emp measures to manageneeds of its clients correction.	s not met as evidenced by: view and record review, the bloy the necessary proactive ge the day program service as specified in their plan of					
LABORATOR	The finding include:	S: DER/SUPPLIER REPRESENTATIVE'S SIGN	MATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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{W 100}	Continued From pa	ge 1	{W 10	00}			
	11/07/07, the facility that a day program techniques used to fear/anxiety prior to her. In response to alleged that by 12/2	·					
	Professional (QMRI Practical Nurse wou and provide addition	lental Retardation  P) and the facility 's Licensed ladded in the ladded					
	Professional (QMRI to further ensure co standards. These d	lental Retardation  P) would conduct onsite visits mpliance with the above lay program visits would be aintained on file for review.					
{W 120}	facility 's Qualified I Professional (QMRF revealed none of the undertaken as of the facility failed to emp measures as outline	P) on 12/28/2007 at 11:24pm e above actions had been e date of this revisit. The loy the necessary proactive ed in their plan of correction. VICES PROVIDED WITH	{W 12	20}			
	The facility must ass meet the needs of e	sure that outside services ach client.					
	Based on staff interv	s not met as evidenced by: view and record review, the loy the necessary proactive				·	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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{W 120}	measures to manare needs of its clients correction.  The finding include  During the re-certifit 11/07/07, the facility that a day program techniques used to fear/anxiety prior to her. In response to alleged that by 12/2  1. The Qualified Management of the Professional (QMR Practical Nurse wor and provide addition Behavior Support Fans.  2. The Qualified Management of the professional (QMR to further ensure constandards. These condumented and management of the professional (QMR revealed none of the undertaken as of the facility failed to empressures as outlined.	ge the day program service as specified in their plan of service as specified in their plan of service as specified in their plan of service staff (nurse) was familiar with decrease Client #1's approaching and/or assisting that citation, the facility 17/2007:  Mental Retardation P) and the facility 's Licensed ald meet with the day program hal training on Client #1 's allan and Individual Support  Mental Retardation P) would conduct onsite visits ampliance with the above day program visits would be aintained on file for review.  Requent record review with the Mental Retardation P) on 12/28/2007 at 11:24pm are above actions had been adae of this revisit. The soloy the necessary proactive and in their plan of correction.	{W 1	20}			
		on, interview and record ailed to ensure that outside					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
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{W 120}	the sample (Client The finding include The facility failed to (nurse) was familia decrease Client #1 approaching and/o Observation and in Coordinator at the November 5, 2007 was blind. Continu day program on No revealed the client should be noted th wheelchair for amb was observed to a her from the treatm communicating any which time, the sur she was taking the responded and rev #1's g-tube feeding the nurse's station giving you a g-tube At 12:14 PM, the next	eeds of one of four clients in #1).  s:  o ensure day program staff r with techniques used to 's fear/anxiety prior to r assisting her.  terview the with the Facility residential facility on at 8:15 AM revealed the client ed observation at Client #1's ovember 6, 2007 at 11:48 AM arriving to the day program. It at the client utilizes a oulation. At 12:12 PM, a nurse oproach Client #1 and remove nent/classroom area without y information with her. At veyor asked the nurse where Client #1? The nurse ealed that it was time for Client p. When the nurse arrived in she said "[client's name] I'm	{W 120	· · · · · · · · · · · · · · · · · · ·		į
	nurse was not obset 1 her intentions to the nurse returned observed to lift Clie the client that she windicate that she wifeeding. The clien	alone with the surveyor. The erved to communicate to Client below the area. At 12:15 PM, At 12:16 PM, the nurse was ent #1's shirt without informing had returned and failed to as going to begin Client #1's twas immediately observed to hand, while simultaneously				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BU			PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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{W 120}	digging her nails in nurse commented.  At 12:18 PM, the number of the client's g-tube pagain observed to the her nails. The nurstop scratching her observed to rub Cliinforming her. The and grabbed the g-feeding was complobserved to secure bandage, covering observed to commisecuring the banda observed to dig intensils.  Interview with the converted to the securing the banda observed to dig intensils.  Interview with the converted to the securing the securing the securing the securing the securing to the Securing the commission of the securing to the Securing to the Securing to the Securing the s	to the nurse's hand. The she does this everyday."  urse was observed to check placement. The client was dig into the nurse's hand with se asked the client to "please." At 12:19 PM, the nurse was ent #'s 1 hand without client appeared to be startled tube. At 12:20 PM, the eted and the nurse was eclient #1's abdominal her g-tube. The nurse was not unicate with the client before age. Client #1 was again to the nurse's hand with her day program's nurse on at 12:22 PM, confirmed that we exhibit a scratching allure to communicate your not #1 resulted in being to the nurse, communicating ailure to communicate your not #1 resulted in being to with the Support Services on November 6, 2007 to address scratching. SC, the client was known to entioned scratching behavior if unicate with her prior to	{W 1	20}			
	section, the ISP ref	Things That Work." In that ferred to a "Standard tching." Continued record					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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{W 120}	review and intervier Retardation Profess the facility did not haforementioned profess the facility did not haforementioned profess documented the client's known to scratch the when Client #1 scrishe "does not known him/her to move as Continued review of a section entitled," documented that the folient #1 was she would scratch further documented person's face in or At the time of the sensure Client #1's behavior had been program.  483.420(d)(1) STACLIENTS  The facility must depolicies and process and process mistreatment, negonal This STANDARD Based on staff interfacility failed to estimate the control of the sensure Client #1's behavior had been program.	w with the Qualified Mental sional (QMRP) revealed that have a document the ocedure. Further review of the nat when unfamiliar persons personal space Client #1 was nem. According to the plan, atched a person it meant that with the person and would like way and/or leave her alone."  of the ISP at 4:15 PM revealed My life's Story." The section Client #1 was "easily frightened ch." Additionally, it documented is "unfamiliar with your voice, you if you touched her" It do that Client #1 liked to feel a der to recognize them.  survey, the facility failed to known/exhibited scratching addressed at the day  IFF TREATMENT OF  evelop and implement written dures that prohibit lect or abuse of the client.  is not met as evidenced by: erview and record review, the ablish and/or implement its client's health and safety as plan of correction.	{W 1				
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ILTIPLE CONSTRUCTIÓN DING	(X3) DATE S COMPLE	
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{W 149}	on 11/07/07, the fall ensure the implement Management 'policy alleged that by 12/2 receive additional the follow-up action filed for record keereview with the QM revealed there was of the revisit to subtreceived the said the was not aware he wa	ertification survey conducted cility was cited for "failing to entation of its 'Incident cy as outlined". The provider 21/2007, the QMRP would raining on the incident y. In addition, that training and as would be documented and ping. Interview and record IRP on 12/28/07 at 11:52pm on evidence on file at the time stantiate that the QMRP raining. In addition, the QMRP was to have additional training cident Management Policy.  Description survey conducted cility was cited for failing to the tion and Non-controlled by. Interview with the facility's on 12/28/07 at 11:46pm and to become more familiar item with the nurse in question to re-read the "disposal of and to become more familiar item with the facility's QMRP at there was no evidence on file of the monitoring visit to dese actions had been taken.  The ged that by 11/1/2007 and in thion, the Incident Management review all incidents and	{W 14	9}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G120	B. WIN	IG		l,	R 8/2007
NAME OF P	ROVIDER OR SUPPLIER			262	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE ASHINGTON, DC 20018		
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{W 149}	correction and that Administration 's presented or on fill substantiate that it system "that wou monitoring/review "Based on interview failed to establish ensured the clients (Client facility.  The findings included the clients (Clients facility).  The findings included the clients facility failed medication and Not policy as outlined.  Observation of the administration on revealed Client #2 Lessina. The clients facility in the gradient in	nentioned in the plan of t this was all managed at the Office. There was no evidence e at the time of survey to he facility enacted a " tracking ild ensure the timely of all reportable incidents.  w and record review, the facility and/or implement policies that is health and safety, for three of #2, #4, and #8) residing in the	{W 1	49}			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G120	B. WIN	IG		12/28	8/2007
NAME OF P	ROVIDER OR SUPPLIER		•	26	EET ADDRESS, CITY, STATE, ZIP CODE 120 24TH STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 149}	contaminated/wast the QMRP, the me the Licensed Pract and Director of Nur contaminated/wast further revealed the informed of the wa and it was to be dis container located in cabinet. Afterward medication was to Medication Admini  Interview with the r 5, 2007, at 9:48 Aft medication must b incoming nurse medication was to Interview with the R Coordinator on No revealed the medic crushed and dispo The LPN Coordinated and dispo The LPN Coordinated and the been disposed of in Review of the facil and Non-controlled 2007 at 10:34 Aft should witness the expired medication revealed that "all v expired tine tests" sharps container. "all pills, liquids, ar (e.g. tubes, bottles)	red medications. According to dication nurse was to inform ical Nurse (LPN) supervisor	{W 1	49}			

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{W 149}	the medical waste the time of the sur the medication nu Medication and No policy.  2. The facility faile of its "Incident Ma The following incident Ma The following incident Ma The following incident reprevealed Client #4 on her left jaw. Conterview with the Professional (QMI 12:06 PM revealed completed but the evidence of the convestigation. Fur revealed that he/s was completed or after the incident of documented evidence investigation had administrator or a b. An incident reprevealed that Client #8 alleged that Client #8 alleged that the chest. Further revealed that the investigation howe the date the investigation in more than the chest investigation immore than the chest investigation invest	age 9 container/box for disposal. At vey, the facility failed to ensure rse followed its "Disposal Of on-controlled Substances"  ed to ensure the implementation nagement" policy as outlined.  dent reports were reviewed on beginning at 9:11 AM:  cort dated October 15, 2007 was discovered with a scratch ontinued record review and Qualified Mental Retardation RP) on November 5, 2007 at distant an investigation was are was no documented ompletion date for the ther interview with the QMRP when thought that the investigation of October 30, 2007 (fifteen days was reported). There was no ence that revealed the been reviewed by the designated representative.  Foort dated January 12, 2007  that a direct care staff hit her in review of the incident report QMRP conducted an ever, there was no evidence of stigation was completed.  QMRP on November 5, 2007 at distance the started the ediately but, he/she could not the investigation was	{W 149			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	COMPLET	ΓED
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{W 149}	completed. There that revealed the ir by the administrator representative.  It should be noted QMRP on Novembrevealed investigatimmediately and concept and the revealed investigatimmediately and concept and the results of it reported to the Inc. within four days. It that the results of it forwarded to the Hand MRDDA Incide five working days. facility failed to ensult incident Manager 483.430(a) QUALI RETARDATION PEach client's active integrated, coordinated and mental recoordinated and mental reconstructions.	was no documented evidence evestigation had been reviewed or or a designated  that further interview with the per 5, 2007, at 10:20 AM cions were to be initiated completed within thirty days.  Ity's "Incident Management" er 5, 2007 at 1:15 PM revealed envestigations should be ident Management Coordinator. The policy further documented eath Regulatory Administration ent Management Unit within. At the time of the survey, the sure the implementation of their enent" policy as outlined.  FIED MENTAL ROFESSIONAL  The treatment program must be ented and monitored by a stardation professional.  The policy failed to ensure each timent program was integrated, nonitored by the Qualified in Professional (QMRP), as plan of correction.	{W 1				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVICE COMPLETED (A. BUILDING .						
		09G120	B. WIN			12/28	₹ 3/2007
NAME OF P	ROVIDER OR SUPPLIER		<b></b>	2	REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018		
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{W 159}	During the re-certif 11/07/07, the facilit the necessary cool presented in the de Interview and reco 12/28/2007 revealed citations presented.  1. The QMRP fair services met the citations presented.  2. The QMRP fair was provided with that enabled them effectively, efficien W189]  3. The QMRP fair the interdisciplinary individual program continuous active interventions to act W249]  4. The QMRP fair the accomplishme each client's Individual individual program continuous active interventions to act W249]	rication survey conducted on ty's QMRP failed to ensure rdination of services as efficiencies presented below. It review with the QMRP on ed none of the previous displayed below had been addressed.  Iled to ensure that outside lient's needs. [See W120]  Iled to ensure each employee initial and continuing training to perform their duties tly, and competently. [See Iled to ensure that as soon as y team formulated the plan (IPP), clients received a treatment consisting of needed hieve identified objectives. [See Iled to ensure data relative to ent of the criteria specified in dual Program Plan (IPP) umented in measurable terms.	{W 1	59}			
	Individual Program and revised once to	iled to provide evidence that n Plans (IPP)s were reviewed the client had successfully ective. [See W255]			-		
	self-medication tra	iled to ensure that aining programs had been ss the identified lack of skills in					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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{W 159}	that domain. Intervat 12:05pm reveale facility 's nursing s' as presented in the	riew with the facility 's QMRP and he has not met with the taff to re-address this citation ir plan of correction.	{W 1	59}			
	client's active treatr coordinated and me Mental Retardation	ility failed to ensure each ment program was integrated, onitored by the Qualified Professional (QMRP), for four Clients #1, #2, #3, and #4) ople.					
	2. The QMRP faile was provided with it that enabled them	e:  ed to ensure that outside ient's needs. [See W120]  ed to ensure each employee nitial and continuing training to perform their duties ly, and competently. [See					
	the interdisciplinary individual program continuous active to	ed to ensure that as soon as a team formulated the plan (IPP), clients received a reatment consisting of needed nieve identified objectives. [See		,			
	accomplishment of client's Individual P	d to ensure data relative to the the criteria specified in each rogram Plan (IPP) objective n measurable terms. [See					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	COMPLE	TED
		09G120	B. WI	NG_		12/28	R 3/2007
NAME OF P	ROVIDER OR SUPPLIER		<b>.</b>	:	REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
(W 159)	Continued From pa	ge 13	{W 1	59}			
	Individual Program and revised once the completed an object	d to provide evidence that Plans (IPP)s were reviewed ne client had successfully ctive. [See W255]					
	medication training	programs had been designed tified lack of skills in that					
	administration on N 7:22 AM revealed to oral medications. observed to punch each client's bubble with a beverage to medications. Clien medications from the	morning medication lovember 5, 2007 beginning at both Clients #2 and #3 received The medication nurse was all of the medications from a pack and provide the clients take after receiving their t #2 was observed to take her me medication cup and nem into her mouth.					
	November 5, 2007 of the clients in the program. Interview Retardation Profes 5, 2007 at 9:59 AM	acility Coordinator (FC) on at 9:57 AM revealed that none facility had a self-medication with the Qualified Mental sional (QMRP) on November also revealed that none of the y had a self-medication					
	November 7, 2007 respectively, reveal Self-Medication As Client #2's assessr Client #3's assessr both clients lacked	2 and #3's records on at 2:21 PM and 6:20 PM led both clients had sessments. According to nent dated March 5, 2007 and nent dated September 4, 2007, skills in the domain of ministration. Client #2's					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		G	COMPLE	TED
,		09G120	B. WIN	IG _		F 12/28	R 8/2007
NAME OF P	ROVIDER OR SUPPLIER			20	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 159}	been approved for to her cognitive and Continued review or revealed the client self-medication proimpairment.  It should be noted to on November 5, 20 three clients (Client to be moved to a set the waiver system.  At the time of the sensure training production and training production and the self-medication at 483.430(e)(1) STAIN The facility must prinitial and continuin employee to perfore efficiently, and common the self-medication at 10 self-medication at	revealed that she had not a self-medication program due if physical impairment. If Client #3's assessment had not been approved for a gram due to her physical that interview with the QMRP 07 at 8:47 AM revealed that is #3, #5, and #8) were going upervised apartment setting in the domain administration. FF TRAINING PROGRAM ovide each employee with g training that enables the m his or her duties effectively, petently.  Is not met as evidenced by: fon, interview and record ailed to ensure that each rided with initial and continuing d the employee to perform his vely, efficiently, and sented in their plan of	{W 1				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	TIPLE CONSTRUCTION NG	NSTRUCTION (X3) DATE SURVE COMPLETED	
		09G120	B. WING			R 8/2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 189}	facility's "Disposal of Non-controlled Sub 2. The facility failed Qualified Mental Reference of Management" policing 3. The facility failed received additional objectives and servas presented in the W249]  Based on observation.	of Medication and stances" policy. [See W149] ed to provide evidence that the etardation Professional was n the facility's "Incident	{W 189			
	training that enable	ided with initial and continuing d the employee to perform his vely, efficiently, and				
	nursing staff were e facility's "Disposal	to provide evidence that effectively trained on the Of Medication and stances" policy. (See W149,				
{W 195}	Qualified Mental Re effectively trained of Management" police	to provide evidence that the etardation Professional was n the facility's "Incident y. (See W149, 2) REATMENT SERVICES	{W 195	}		
		sure that specific active requirements are met.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUIL	DING	·	F	₹
		09G120	B. WIN	G			3/2007
NAME OF P	ROVIDER OR SUPPLIER		•	26	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
(W 195)	Continued From pa	ge 16	{W 19	95}			
	Based on observati review, the facility factive treatment se failed to ensure the documentation of e (See W252); and fa Individual Program	s not met as evidenced by: on, staff interview and record ailed to ensure continuous rvices (See W196 and W249); accurate and consistent ach client's formal programs ailed to provide evidence that Plans (IPP)s were reviewed the client had successfully etive (See W255).					
	in the facility 's failt the necessary mea	e systemic practices resulted ure to enact and/or implement sures to ensure the delivery of reatment services as lan of correction.					
	review, the facility fractive treatment se failed to ensure the documentation of e (See W252); and fall Individual Program	on, staff interview and record ailed to ensure continuous rvices (See W196 and W249); accurate and consistent ach client's formal programs ailed to provide evidence that Plans (IPP)s were reviewed the client had successfully etive (See W255).					
{W 196}	in the failure of the	e systemic practices resulted facility to ensure the delivery e treatment services.  VE TREATMENT	{W 19	96}			
		ceive a continuous active which includes aggressive,					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		09G120	B. WIN	ig		1	R 3/2007
NAME OF P	ROVIDER OR SUPPLIER			26	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE (ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 196}	consistent impleme specialized and ger services and relate subpart, that is dire (i) The acquisition the client to functio determination and and (ii) The preventior or loss of current o	entation of a program of neric training, treatment, health d services described in this	{W 1	96}			
	review, the facility f the necessary mea client received con- services as presen The findings includ	ed to ensure that outside					
	The facility fails continuous active t	ed to ensure clients received creatment services in the form cified in each client's Individual e W249)					
	the accomplishment each client's Individual	ed to ensure data relative to nt of the criteria specified in dual Program Plan (IPP) umented in measurable terms.			,		
	Individual Program and revised once t	ed to provide evidence that n Plans (IPP)s were reviewed the client had successfully ective. (See W255)					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		LE CONSTRUCTION	(X3) DATE SU COMPLE	ΓED
		09G120	B. WIN	G		F 12/28	R 8/2007
NAME OF P	ROVIDER OR SUPPLIER		•	26	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 196}	Continued From pa	age 18	{W 1	96}			
	review, the facility to received continuos	ion, interview and record failed to ensure each client active treatment services, for nts (Clients #1, #2, #3 and #4) nple.					
	The findings includ	e:					
		illed to ensure that outside lient #1's needs. (See W120)					
	continuous active t	d to ensure clients received reatment services in the form cified in each client's Individual e W249)					
	accomplishment of client's Individual F	d to ensure data relative to the f the criteria specified in each Program Plan (IPP) objective n measurable terms. (See				'	
{W 249}	Individual Program and revised once t completed the obje	led to provide evidence that Plans (IPP)s were reviewed he client had successfully ective. (See W255) DGRAM IMPLEMENTATION	{W 2	49}			
	formulated a client each client must re treatment program interventions and s and frequency to s	erdisciplinary team has 's individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program					

STATEMENT OF DEF AND PLAN OF CORRI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIP LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		09G120	B. WI	1G	<u>.</u>	l	R 8/2007
NAME OF PROVIDER	OR SUPPLIER			26	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE ASHINGTON, DC 20018		
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 249} Contin	ued From pa	age 19	{W 2	49}	•		
Based review system of a coprese The fill Interview facility Profese reveal system approallege "wou week treatm achies"  During prografacility require evide being that a ensure 1. R #1's writte Review prografacility require review being that a ensure the system of the	I on observary, the facility ins to ensure ient 's appropried in their indings included and subservary and subs	dequent record review with the Mental Retardation (RP) on 12/28/2007 at 12:18pm is still without an effective go the implementation of all Program Plans. The facility in of correction that the QMRP gramming documentation on a further ensure that active uous and supports the electric objective. "  Treview of Client #1 and #2's it became evident that the of compliance with the is section. There was no client's programming data was ly nor was there any evidence extem had been implemented to					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE S	
			A. BUI				R
		09G120	B. WIN	1G _		1	8/2007
NAME OF P	ROVIDER OR SUPPLIER			20	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 249}	explain for the discr  2. Record review of #3 's IPP listed a further she would "she wishes to use of trials as measured I documentation". I demonstrate the stenot able to do so. I not clear what "choi regards to the many various applications addition, the QMRP were limited to an a cards. He was not application to work. that due to client #3 (contractures), she physically manipular computer (keyboard medical records revidiagnosed with havi supports the QMRP are contracted ". It physical condition wassessed against the requirements of this 3. Record review of #3 's IPP listed a further which reads, "2x murchase an item of on 75% of the trials months by 9/08. Resheets revealed this the "hand over har back to 4/2007. Interest."	on 12/28/2007 revealed Client unctional habilitation program select the software program on the computer for 4 out of 5 by active treatment. The QMRP attempted to eps of the program, but was the computer works, but it is ces. Client #3 has with a possible choices across the sinstalled on the computer. In stated that her "choices" pplication for creating greeting able to get the greeting card. The QMRP later indicated is physical condition would never be able to the the components of the d, mouse, etc.). Client #3 's realed she has been ing cerebral palsy, which is statement of "her hands is not clear how Client #3 's ras considered and/or the implementation.	{W 2	49}			
	QMRP at 1:08pm re	evealed this client has always					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION	COMPLETED		
		09G120	B. WIN	IG _			R 3/2007
NAME OF P	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ÍD PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 249}	level with regards to evidence that this properties in the Client #4's Range on this document rebe implemented on the QMRP revealed meant. He was not day, 5/5 days a weathere is no evidencimplemented, moninecessary.  In addition to the inthe facility 's Plan or routine QA audits with the effective implemented on the effective implemented, moninecessary.  In addition to the inthe facility 's Plan or routine QA audits with effective implemented in the effective implemented in t	hand over hand " assistance of this program. There is no program was being tored and/or revised as to of Client #4's habilitation 207 the QMRP presented a set from 11/2007 which shows of Motion program. The data effects that the program is to "5/5 trials". Interview with the was not sure what "5/5" to sure if it meant 5/5 hours a sek or 5/5 trials in a month? See that this program was being tored and/or revised as formation presented above, of Correction alleged that would be conducted to ensure mentation of all the ctives outlined in a client's he QMRP would receive to address the active treatmenting the 11/7/2007 ey.  The presented or on file at the ing visit to substantiate that the were being implemented as a audits were being performed and failure of implementing	{W 2	49}	DEFICIENCY)		
	evidence that the C address the deficie	tment programs; nor was there MRP had been trained to nt practices that were cited still outstanding to date.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G120	B. WING_		1	₹ 3/2007
NAME OF F	ROVIDER OR SUPPLIER	<u> </u>	2	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
(W 249)	Continued From pa	ge 22	{W 249}			
	review, the facility f the interdisciplinary individual program continuous active to number and freque achievement of the individual program (Clients #1, #2, #3, sample.  The findings include Observation of Clie 2007 during the mo- administration begin nurse punched all of their bubble packs beverage (water and Client #2 was obseined their bubble packs beverage (water and Client #2 was obseined medications from individually place the swallow them. Client her medications by Interview was cond and Qualified Ment (QMRP) on Novem 9:59 AM respective clients in the facility program. The FC and of the clients partic learn skills in the de administration. Thi	objectives identified in the plan, for four of the four clients and #4) included in the  e:  onts #2 and #3 on November 5, orning medication nning at 7:44 AM revealed the of the client's medications from and provided the clients with a not juice, respectively) to drink. In the medication cup and the murse.  ucted with the Facility (FC) al Retardation Professional ther 5, 2007 at 9:57 AM and the standard of the control of the c				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED.	
		09G120	B. WING		R 12/28/2007	
NAME OF P	ROVIDER OR SUPPLIER		262	ET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 249}	Continued observal 4:23 PM revealed of facility. At 4:26 PM seated in the living her legs crossed. observed seated of engaged with a poplaying it or listenir observed to be reptoful a large bean bage PM, Client #2 was dance. The client resumed her activit PM, Client #2 was shaped object that Observation of Cliedirect care staff att an activity with a bobserved to particit the client different 4:41 PM, however, direct care staff to adult protective un Client #1 was escond at 4:57 PM, Clients their bedroom. Intend that Clients #1 and during mealtimes through their g-tub Continued client of Client #2 walking of Residential Service to be used by It should be noted.	clients #1, #2, #3 and #4 in the M, Client #1 was observed room in her wheelchair with At 4:30 PM, Client #2 was in the sofa in the living room rtable electric keyboard (eithering to it). Client #4 was positioned from her wheelchair in the living room. At 4:43 asked to by the QMRP to danced until 4:46 PM and then the ty with the keyboard. At 5:01 observed to have a cylinder rattled in her hand.  Sent #1 at 4:40 PM, revealed a rempting to engage the client in all. The QMRP was also pate in the activity by offering balls from which to choose. At Client #1 was escorted by a her bedroom to change her dergarment. At 4:55 PM, orted back to the living room. It is #1 and #4 were escorted to erview with the QMRP revealed in #4 remained in their bedroom because they both were fed	{W 249}			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G120	B. WIN			12/25	R 3/2007
NAME OF P	ROVIDER OR SUPPLIER			STD	REET ADDRESS, CITY, STATE, ZIP CODE	12/20	5/200/
IDI	NOVIDER ON OUT ELER			26	620 24TH STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 249}	individually prepare placed on the table observed to be invoservice. At approxiconcluded. Clients observed to remove nor were they observed to remove nor were they observed to remove nor were they observed to dinner of dinner of dinner of dinner to client remained in the client was not observed participated for the identify object of the variety of the variety of the variety of the variety of the review of Client revealed information to the review of Client revealed information of the review of Client (ISP) was hell with the QMRP and corresponding IPP revealed the team programs for the client of the corresponding to the correspondi	by staff. Each client's plate was ed in the kitchen by staff and and to clients #2 and #3 were not colved with meal preparation or mately 5:31 PM, dinner was a #2 and #3 were neither their dishes from the table erved to be involved in the client #3 in the kitchen with a ring dinner preparation. The che kitchen until 4:04 PM. The the kitche	{W 2	49}			
	groomed on 80% of	erate her hands being of the trial recorded per month months by August 2008.					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G120	B. WIN	NG _		1	R <b>8/2007</b>
NAME OF P	ROVIDER OR SUPPLIER		,	:	REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018		0/2001
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG			IOULD BE	(X5) COMPLETION DATE
{W 249}	Interview with the C collection record re aforementioned pro implemented.	MRP and review of the data	{W 2	49}			
	Client #1 will tolerat rubbed on arms (lot cloth; feather, etc.) trials 3 recorded pe months by August 2 QMRP and review of	te having a textured item tion, sponge, cotton balls, for 4 minutes on 80% of the r month for six consecutive 2008. Interview with the of the data collection record orementioned program had					
	her by staff for five recorded per month by August 2008. In review of the data of	en to one story being read to minutes on 80% of the trials of for six consecutive months terview with the QMRP and ollection record revealed that program had not been					;
	a multisensory stim with hand over hand consecutive months with the QMRP and	s by January 2008. Interview review of the data collection the aforementioned program					
	#1's data collection	hat further review of Client record revealed that data was all of objectives recommended or's ISP					
	on November 7, 200	review of Client #2's record 07 at 2:30 PM, the client's ISP 2, 2007. Interview with the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIPI ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G120	B. WII	νG			R 8/2007
NAME OF P	ROVIDER OR SUPPLIER			26	EET ADDRESS, CITY, STATE, ZIP CODE 20 24TH STREET, NË ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 249}	IPP for the ISP (at recommended the current ISP year:  a. Client #2 will in Given hand over he carry her laundry iroom on 80% of the consecutive more with the QMRP at time of the survey had not been implemented.  b. Client #2 will in Given hand over he participate in a grown her peers for five recorded per mon April 2008. Interviewealed that at the aforementioned primplemented.  c. Client #2 will endonce per month, center or nature of for 3 consecutive the QMRP at 4:48 the survey, the afolient #2 will endonce per month for the consecutive the QMRP at 4:48 the survey, the afolient #2 will endonce per month for 3 consecutive the QMRP at 4:48 the survey, the afolient #2 will endonce per month for a consecutive the QMRP at 4:48 the survey, the afolient #2 will endonce per music related acontinuous per music r	of the client's corresponding 3:14 PM) revealed the team following programs for the approve her daily living skills. In and assistance, Client #2 will enside the basket to the laundry the trials recorded per month for this by April 2008. Interview 4:48 PM revealed that at the provide the aforementioned program emented.  In prove her daily living skills. In and assistance, Client #2 will be preading session with two of minutes on 80% of the trials the for 12 consecutive months by the with the QMRP at 4:48 PM the time of the survey, the regram had not been an ance social awareness skills. Client #2 will visit a sight/sound enter with physical assistance months by 6/07. Interview with PM revealed that at the time of prementioned program had not become the program of the program of the program had not progr	{W 2	49}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1''	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDII	·		₹
NAME OF D		09G120			12/2	8/2007
IDI	RÖVIDER ÖR SUPPLIER		;	REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERS TO THE APPRINCE TO THE APPRINCE DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
(W 249)	Continued From pa	ge 27	{W 249			
	2007 at 11:55 AM, held on August 2, 2 QMRP and continu revealed the ISP was interview with the C data collection reconstinued to work a specified in the Augusted however, that Director of Residen November 7, 2007 ISP on September 200 QMRP revealed the program were reconsiplective required C functional commun objective required to money management the QMRP and revision in the september 200 the september 200 per the	t #3's record on November 7, revealed the client's ISP was 1006. Interview with the ed review of the client's record as expired. Additional MRP and review of the client's ord revealed the client on program objectives gust 2006 ISP. It should be to interview with the Assistant Itial Services (ADRS) on revealed that Client #3 had an 7, 2007. Review of the IPP for 7 ISP and interview with the at only two formal residential formmended. One program Client #3 to improve her ication skills and the other the client to enhance her the skills. Continued interview ew of Client #3's recording as it pertained to her gram objectives:				
	wishes to use on the as measured by acceptance with the Control of the Acceptance of the Acceptance of the Acceptance of the Acceptance of the Computer of the Computer of the Client failed to achieve the Acceptance of the Client failed to achieve of the Acceptance of the Client failed to achieve of the Acceptance of the Client failed to achieve of the Acceptance of the	ect the software program she le computer for 4 out of 5 trials tive treatment documentation. MRP revealed that the logram was continued from the lat information was verified line QMRP monthly progress to the notes, Client #3 was le with the program from lugh April 2007 due to either le printer malfunctioning. line QMRP notes revealed the leve the criteria specified in the leve through September				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G120	B. WI				R 8/2007
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		2	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018	1 24	0,2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 249}	b. Two times montitem of her choice rof the trials present by September 2008 and record review raforementioned proprevious year with According to review from January 2007 client was not to exan item of her choice notes revealed that implemented in Jarto the cold weather monthly Client #3 robjective and could to the problems wit Review of the QMR 2007 through Septemet the criteria out 100% accuracy.  Note: It should be QMRP on Novembrevealed Clients #3 less restrictive enviapartment).  4. On November 7 record at 4:21 PM rheld on September QMRP and review PP for the ISP (at recommended the current ISP year:	hly, Client #3 will purchase an not to exceed \$10.00 on 75% ed for six consecutive months B. Interview with the QMRP	{W 2	49}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
{W 249}	#4 will help brush h recorded per month by August 2008. In revealed that at the aforementioned proimplemented.	over hand assistance, Client er teeth on 80% of the trials of for six consecutive months terview with the QMRP, time of the survey, the ogram had not been	{W 24	49}	•	
	program objectives 2007 ISP that were ISP. They included lower extremity rangimprove communication object and participastimulation activity. record review on Not that Client #2 had a in the continued proof the survey, the Quinformation that justine in the continued proof the survey.	eview revealed additional were recommended at the continued from the previous objectives to participate in ge of motion exercises, ation skills by passing an te in a multi-sensory. Interview with the QMRP and ovember 7, 2007, revealed lready met the criteria outlined ogram objectives. At the time MRP failed to provide tified why the program of tinued (See also W255).				
{W 252}	#1, #2, #3, and #4 v to participate with re objectives in the for 483.440(e)(1) PROD Data relative to accespecified in client in	provide evidence that Clients vere provided the opportunity ecommended program m and frequency required. GRAM DOCUMENTATION complishment of the criteria dividual program plan documented in measurable	{W 25	52}		
	Based on interview	s not met as evidenced by: and record review, the facility ed effective systems that				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1` ′	ULTIPLE CONSTRUCTION  LDING	COMPLE	(X3) DATE SURVEY COMPLETED	
	•	09G120	B. WIN	NG		R 28/2007
NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP C 2620 24TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{W 252}	ensured data relative the criteria specifier	ve to the accomplishment of d in each client's Individual objective was documented in	{W 2	52}		
	facility failed to imp as outlined in their the citations which 11/7/2007 re-certifi	and record review revealed the lement the necessary systems plan of correction to address were levied during the cation survey. Examples of ficiencies can be referenced in				
W 257	records on 12/28/2 data collection sheed Client #4's Range of on this document representation be implemented on collection legend in indicate the appropropropropropropropropropropropropro	of Client #4 's habilitation 007 the QMRP presented a set from 11/2007 which shows of Motion program. The data eflects that the program is to "5/5 trials". The data dicated that the staff should "riate number of repetitions or mer has walked" on the data The facility 's staff has been ementation "of the program. This sign does not provide term as specified in the data interview with the QMRP of sure why the staff was rogramming activities that way, ence that this program was, monitored and/or revised as ROGRAM MONITORING &	W 2	257		
		ram plan must be reviewed at d mental retardation				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G120	B. WI				R 8/2007
NAME OF F	ROVIDER OR SUPPLIER		<b>,</b>	2	REET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018	1 1212	0,2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 257	professional and re but not limited to sit failing to progress to after reasonable eff	vised as necessary, including, uations in which the client is oward identified objectives orts have been made.	W 2	257			
	Based on staff inter facility failed to impl to ensure that client when there 's no im- response to the fun-	s not met as evidenced by: view and record review, the ement the necessary systems programs are being revised provement in a client's ctional programming efforts.					
	#3 's IPP listed a fur which reads, "2x m purchase an item of on 75% of the trials months by 9/08. Resheets revealed this the "hand over har back to 4/2007. Into QMRP at 1:08pm refunctioned at the "level with regards to evidence that this present the serior of the ser	on 12/28/2007 revealed Client inctional habilitation program nonthly, [Client #3] will finer choice not to exceed \$10 presented for six consecutive eview of the data collections is client has been functioning at and "assistance level dating erview with the facility 's evealed this client has always hand over hand "assistance to this program. There is no					
	records, the QMRP identify coins up to to Additional record remanagement asses "dependent" on all a	of Client #3 's habilitation indicated that Client #3 can he paper dollar level. view revealed her money sment indicated she is spects of money data collection sheets reflect					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUIL	DING	STRUCTION		COMPLETED	
		09G120	B. WIN	3			R <b>8/2007</b>
NAME OF P	ROVIDER OR SUPPLIER			2620 24TH	RESS, CITY, STATE, ZIP I STREET, NE GTON, DC 20018	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	•	PROVIDER'S PLAN OF C EACH CORRECTIVE ACTI OSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 257	that there was no d and for November : attempts at being to take part in purchase Client #3 generally out in the communi file or presented at substantiate that the	ge 32 ata on file for December 2007 2007 she has refused all aking out in the community to ses. The QMRP indicated that refuses the opportunities to go ty. There was no evidence on the time of survey to is program was being tored and/or or revised as	W 2	57			
(W 331)	The facility must pr services in accorda This STANDARD i Based on observati review, the facility f necessary systems	ovide clients with nursing nce with their needs.  s not met as evidenced by: on, interview and record ailed to implement the to ensure that each client ervices in accordance with their	(W 3:	:1}			
	revealed this facility failing to ensure the properly implement abdominal binder "Care Physician. The stated that by 12/32 includes information and that "nurses winterventions" and continue to conduct further ensure com Record review with	record review on 12/28/2007 was cited on 11/7/2007 for day program's nursing staff ed the use of Client #3's " as ordered by the Primary le facility's plan of corrected 1/2007, "physician's order habout the abdominal binder" will document daily to support finally that the "RN will troutine audits/observations to pliance with this standard" the QMRP's assistance no evidence that any member					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2008 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	ULTIPL LDING	E CONSTRUCTION	(X3) DATE \$ COMPLE	ETED
		09G120	B. WI	IG			R 8/2007
NAME OF F	ROVIDER OR SUPPLIER		•	262	ET ADDRESS, CITY, STATE, ZIP CODE 10 24TH STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
{W 331}	to address this defi information was incomplysician 's order on physician evidence or on file in the clienthat any measure(so this deficient practicular that any measure so this deficient practicular that any measure so this deficient practicular that each clients included in the clients assisting the clients was observed the client and complete the complete the complete the complete the complete that review of the client and complete the complete the complete the complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the complete that review of the client and complete the client and compl	had attended the day program cient practice or that the cluded and/or added to the sheets. Moreover, there was be of documentation presented int's records to substantiate is) had been taken to address be at the day program.  ion, interview and record is nursing services failed to lient received nursing services their needs, for one of the four the sample. (Clients #1)  s:  ent #1's day program on at 12:16 PM revealed the eclient with her g-tube feeding was completed and the dot immediately secure Client indage covering her g-tube. At we was observed to return	{W 3	31}			

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	B MING			R <b>8/2007</b>				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 24TH STREET, NE WASHINGTON, DC 20018					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{W 331}	days) on November information about the Interview was conditionally ascertain information order regarding the tothe nurse, Client released for one he queried to ascertain binder was still pranurse, the nurse research the time of the second control of the second co	ir 7, 2007, failed to document he abdominal binder.  Jucted with the residential er 6, 2007 at 5:21PM to con about the aforementioned e abdominal binder. According the 41's abdominal binder was our after feeding. When further if the one hour release of the cticed by the interviewed esponded "yes."	E W}	31}				
•								

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 12/28/2007 09G120 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2620 24TH STREET, NE** IDI WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {1 000} INITIAL COMMENTS  $\{1.000\}$ A re-licensure survey was conducted from November 5, 2007 through November 7, 2007. A random sample of four residents was selected from a residential population of eight females with mental retardation and other disabilities. The survey findings were based on observations in the group home and at two day programs, interviews and a review of records, including unusual incident reports. {1 002} {| 002} 3500.2 GENERAL PROVISIONS Each GHMRP licensee and residence director shall demonstrate that he or she understands that the provisions of D.C. Law 2-137, D.C. Code. Title 6, Chapter 19 govern the care and rights of mentally retarded persons in addition to this chapter. This Statute is not met as evidenced by: Based on interview with the facility failed to ensure that the GHMRP licensee and residence director demonstrated that he or she understands the provisions of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 govern the care and rights of mentally retarded persons. The finding include: 1. The facility's Qualified Mental Retardation Professional failed to demonstrate understanding of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 Subchapter V pertaining to providing habitation services. (See Federal Deficiency Report Citation W249)

Health Regulation Administration

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		09G120	<u> </u>		<u> </u>	12/2	8/2007		
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE					
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{I 002}	Continued From p	age 1		{I 002}					
	<ol> <li>The facility's QMRP failed to demonstrate understanding of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 Subchapter V pertaining to prohibiting mistreatment, neglect and abuse.</li> <li>(See Federal Deficiency Report Citation W153)</li> <li>3504.1 HOUSEKEEPING</li> <li>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</li> <li>This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner.</li> </ol>								
{1 090}				{1 090}					
				,	·				
	The findings inclu	de:							
	Observation and interview with the Facility Coordinator during the environmental walkthrough on November 7, 2007 revealed the following.  1 The hot water faucet handle was missing in the boiler room. Additionally, the hot water was observed to be constantly dripping.  2. The ceiling in Clients #1 and #4's bedroom was cracked and stained. Additionally, the walls were soiled and stains were running down the wall.								
						·			
	3. There were tw that had missing/	o arm chairs in the di broken arms.	ning room						

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 09G120 12/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2620 24TH STREET, NE IDI WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {1 203} 3509.3 PERSONNEL POLICIES {| 203} Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the Facility Coordinator and review of the GHMRP's personnel files on November 5, 2007, revealed the GHMRP failed to provide evidence that one direct care staff and six nurses had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter. {I 206} 3509.6 PERSONNEL POLICIES {I 206} Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter,

Health Regulation Administration

provided evidence of a physician's certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			A. BUILDING	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		URVEY ETED		
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{I 206}	performed and that would allow him or duties.  The finding include Interview with the F of the GHMRP's performed and that the evidence that current would be suited and the	health inventory had the employee's heal her to perform the re	nd review ember 5, ovide were on	{I 206}				
{I 379}	each GHMRP shall Health, Health Facunusual incident or interferes with a rearrangement, well places the resident be made by teleph followed up by writt twenty-four (24) however the statute is not the sta	eporting requirement Il notify the Departme illities Division of any revent which substar sident's health, welf being or in any other t at risk. Such notifica one immediately and ten notification within ours or the next work	ent of other other other of tially fare, living way ation shall is shall be day.	{I 379}				
	Based on interview GHMRP failed to e Health, Health Fac immediately, follow 24 hours, notified e substantially interfe	v and record review, ensure the Departme silities Division was ved by written notificate of unusual incidents the ered with a resident's thresidents (Residentity).	the nt of ation within that s health,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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{  379}	Continued From pa	ige 4		{I 379}					
	The following incident reports were reviewed on November 5, 2007 beginning at 9:11 AM:  An incident report dated January 12, 2007 revealed that Client #8 alleged that a direct care								
	staff hit her in the comphysical abuse was review of the incide the State Agency's was notified. Interview Health Services Provember 14, 200 revealed that this o	the alleged that a dif- thest. The allegation is investigated, and fu- ent report form reveal Health Services Coo- view with the State Agogram Coordinator of at approximately 7: ffice (DOH) was not d incident/investigation	of orther led that ordinator gency's n 30 PM notified of						
{I 422}	Each GHMRP shall and assistance to r the resident 's Indi This Statute is not Based on observat review, the GHMRI training and assista of four residents (R	ION AND TRAINING I provide habilitation, residents in accordan vidual Habilitation Pla met as evidenced by ion, interview and rec P failed to ensure ha ance was provided to Residents #1, #2, #3, pecified in their Indivi	training ace with an.  y: cord bilitation, four out and #4)	{1 422}					
	2007 during the mo administration beginurse punched all of their bubble packs beverage (water ar Client #2 was obseiner medications from	ents #2 and #3 on No	vealed the itions from ents with a ) to drink. to take						

Health Regulation Administration

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
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NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
				H STREET, N STON, DC 20			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	(X5) COMPLETE DATE	
{I 422}	Continued From page 5			{I 422}			
	swallow them. Clie her medications by Interview was cond and Qualified Ment (QMRP) on Novem 9:59 AM respective clients in the facility program. The FC of the clients partic learn skills in the dadministration. This	ent #3 was observed the nurse.  Iucted with the Facility al Retardation Profestor 5, 2007 at 9:57 Arely, to ascertain if any and a self-medication and QMRP revealed ipated in a formal profession of self-medical is was verified throughs record on November 1 and 1 a	y (FC) ssional AM and of the on that none ogram to tion the				
	Continued observation on November 5, 2007 at 4:23 PM revealed Clients #1, #2, #3 and #4 in the facility. At 4:26 PM, Client #1 was observed seated in the living room in her wheelchair with her legs crossed. At 4:30 PM, Client #2 was observed seated on the sofa in the living room engaged with a portable electric keyboard (either playing it or listening to it). Client #4 was observed to be repositioned from her wheelchair to a large bean bag in the living room. At 4:43 PM, Client #2 was asked to by the QMRP to dance. The client danced until 4:46 PM and then resumed her activity with the keyboard. At 5:01 PM, Client #2 was observed to have a cylinder shaped object that rattled in her hand.						
	direct care staff att an activity with a ba observed to particip the client different I 4:41 PM, however, direct care staff to adult protective und	ent #1 at 4:40 PM, revembling to engage the all. The QMRP was a pate in the activity by balls from which to cloud Client #1 was escort her bedroom to chandergarment. At 4:55 orted back to the living	ne client in lalso offering noose. At ted by a ge her PM,				

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X-		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. MINO		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{I 422}	At 4:57 PM, Clients #1 and #4 were escorted to their bedroom. Interview with the QMRP revealed that Clients #1 and #4 remained in their bedroom during mealtimes because they both			{1 422}				
	were fed through the Continued client observed client #2 the Facility Coordin Director of Resider shortly behind the Figuide cane to be us ambulation. It shows observed to be blind served at the dining client's plate was in kitchen by staff and #2 and #3 were not meal preparation of 5:31 PM, dinner was #3 were neither observed in comportant was the component of the table nor winvolved in component.	neir g-tubes. Deservation at 5:04 PM Walking down the ha hator (FC). The Assistial Services (ADRS) FC to remind the FC sed by Client #2 during all be noted that Clie had. At 5:17 PM, dinner g room table by staff, hadividually prepared in the placed on the table to observed to be involved as concluded. Client served to remove the were they observed to hent of dinner clean the	I, Ilway with stant ) followed about the ng ent #2 was Each n the . Clients olved with mately s #2 and eir dishes to be up.					
	3:40 PM revealed of direct care staff du client remained in to client was not observed participate.	evember 6, 2007 beging Client #3 in the kitcher ing dinner preparation the kitchen until 4:04 erved to participate/a. At 4:06 PM, Client ting in an activity that cts/animals on flash of the cts/animals on flash of the cts/animals.	en with a on. The PM. The ssist with #3 was trequired					
	revealed Client #2 room. The client re living room until 9:3 to the van to depar	vember 7, 2007 at 8 seated on the sofa ir emained on the sofa 31 AM when she was t for day program.	n the living in the s escorted					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED R			
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{I 422}	Continued From pa	age 7		{I 422}				
	training programs a to the review of Clie 6, 2007 at 4:01 PM Plan (ISP) was held with the QMRP and corresponding IPP revealed the team programs for the clie a. Client #1 will tol groomed on 80% of for six consecutive Interview with the Collection record re-	erate her hands bein of the trial recorded p months by August 2 QMRP and review of	According ovember al Support Interview s PM) llowing g er month 008.					
	Client #1 will tolera rubbed on arms (loc cloth, feather, etc.) trials 3 recorded personants by August QMRP and review revealed that the anot been implement. C. Client #1 will list her by staff for five recorded per mont by August 2008. It review of the data	week when prompted the having a textured often, sponge, cotton for 4 minutes on 80° or month for six cons 2008. Interview with of the data collection forementioned prograted.  Item to one story being minutes on 80% of the for six consecutive interview with the QM collection record reved program had not be	item balls, % of the ecutive the record am had gread to he trials months RP and ealed that					
	d. Three times we in a multisensory s minutes with hand	ekly, Client #1 will pa timulation activity for over hand assistance is by January 2008.	five e for six					

Health Regulation Administration

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R		
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{I 422}	with the QMRP and record revealed that had not been imple It should be noted #1's data collection being collected on for the previous ye  2. According to the on November 7, 20 was held on April 10 QMRP and review IPP for the ISP (at recommended the current ISP year:  a. Client #2 will im Given hand over he carry her laundry in room on 80% of the consecutive mor with the QMRP at time of the survey, had not been imple b. Client #2 will in Given hand over he participate in a grother peers for five me recorded per month April 2008. Intervirevealed that at the aforementioned primplemented.  c. Client #2 will en Once per month, 00 concept m	d review of the data of the aforementioned emented.  that further review of a record revealed that all of objectives record at 2:30 PM, the objective of the client's corres 3:14 PM) revealed the following programs of the trials recorded per of the basket to the trials recorded per of the basket to the trials recorded per of the strials recorded per of the aforementioned emented.  Improve her daily living and assistance, Client and assistance, Client the aforementioned emented.  Improve her daily living and assistance, Client and assist	Client t data was mmended s record client's ISP vith the ponding ne team for the skills. nt #2 will ne laundry month for nterview at at the program g skills. nt #2 will vith two of e trials months by t 4:48 PM the ness skills. ght/sound	{1 422}				
	center or nature co	enter with physical as months by 6/07. Inte	ssistance					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
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{  422}	Continued From page 9			{  422}			
	the survey, the afore been implemented of the survey and the surve	chance social interactives, Client #2 will partivity for 10 minutes were for 6 consecutive method the QMRP and revealed data had been of and 6, 2007, only.  In the QMRP and revealed the client's 2006. Interview with used review of the client was expired. Addition QMRP and review of tion record revealed to no program objective gust 2006 ISP. It should interview with the Antial Services (ADRS revealed that Client 7, 2007. Review of 107 ISP and interview wat only two formal restrommended. One proceed the client to enhance ent skills. Continued in the client to enhance ent skills.	ion skills. Inticipate in with honths by iew of the collected  ember 7, ISP was the nt's record al the client es huld be assistant ) on #3 had an the IPP for with the sidential ogram her interview cord her				
	as measured by a	he computer for 4 ou ctive treatment docur OMRP revealed that	nentation.				

		(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM		(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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{  422}	aforementioned proprevious year. The through review of the notes. According the unable to participal February 2007 through review of the computer or the Further review of the client failed to achiprogram from May 2007.  b. Two times monitem of her choice of the trials present by September 200 and record review aforementioned proprevious year with According to review from January 2007 client was not to exanitem of her choinotes revealed that implemented in Jato the cold weather monthly Client #3 to the problems will review of the QMI 2007 through Septement the criteria our 100% accuracy.  Note: It should be QMRP on Novembrevealed Clients #4 to the cold weather the criteria our 100% accuracy.	ogram was continued at information was vehe QMRP monthly prothe notes, Client #3 te with the program frough April 2007 due to printer malfunctionine QMRP notes reveience the criteria specification of the continued for six consecutives. Interview with the revealed that the ogram was continued one slight modification the QMRP monthly of through September and February 2 for According to the Arefused to performed a not perform the object the facility van (note the facility van (note the program was noted to performed the facility van (note that interview of the facility van (note that interv	erified orgress 3 was from o either ong. aled the fied in the mber on 75% or months QMRP of from the process 2007 the erichasing of the otto 2007 due with event working) of the client with with the Monove to a	{1 422}			
	apartment).	rironment (supervised	<del></del>				

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{  422}	record at 4:21 PM in held on September QMRP and review IPP for the ISP (at recommended the current ISP year:  Client #4 will improskills. Given hand #4 will help brush in recorded per mont by August 2008. In revealed that at the aforementioned primplemented.  Continued record in program objectives 2007 ISP that were ISP. They included lower extremity rarimprove communic object and participation activity record review on North the continued profit the survey, the Conformation that just objectives were considered.	inge 11  7, 2007 review of Client's provide the client's corrests:  7, 2007. Interview of the client's corrests:  5:23 PM) revealed the following program for the eactivities of daily for eactivities with the QM extime of the survey, for eactivities of the survey, for eactivities of motion exercises and eactivities of motion exercises and eactivities with the Clovember 7, 2007, real ready met the criteriogram objectives. A QMRP failed to provide the or provide evidence the or ecommended program and frequency resorts.	ISP was with the ponding he team or the living le, Client he trials months RP, the living an ly QMRP and evealed ria outlined at the time de lam (255). The clients portunity am	{  422}			
{  424}	-	TATION AND TRAIN		{  424}			
		ll make modification	s to the			<del></del>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED R 12/28/2007			
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{  424}	Continued From page 12		{I 424}	_				
	resident 's program at least every six (6) months or when the client:					·		
	(a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;							
	Based on interview GHMRP failed to e made at least ever resident successfu	t met as evidenced by and record review, ensure program revisy six months or when ally completed the objudents (Resident #2 and	the ions were n a jective for	-				
	The finding include	es:						
	2007 at 2:30 PM, r held on April 12, 2 and review of the c 3:14 PM revealed	nt #2's record on Nov revealed the client's I 007. Interview with t client's corresponding the team recommend objective for the curr	SP was he QMRP g IPP at ded the					
	skills. When giver activate a keyboar by Active Treatme to interview with the aforementioned program with slight more required the client trials. Review of the program objective the program for 5 September 2006 to again from May 20 QMRP was queried.	ove functional common verbal prompts, Clied for 5 of 5 trials as rent Documentation. As e QMRP at 3:59 PM rogram was continued odifications. Last year to perform the task the documentation for revealed the client cout of 5 trials per monthrough February 2000 of through August 2 at to determine what ed to learn/attain with	ent #2 will measured According , the d from last ar's ISP 3 out of 5 r last years ompleted anth from 07; then 2007. The skills the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
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modified program. continued interview review revealed that the criteria level est program prior to its  2. Review of Client 2007 at 4:21 PM, re held on September QMRP and review IPP at 5:23 PM rev the following prograt ISP year:  a. Client #4 will im motion. Given phy participate in lower exercises 10 repet days per week for Interview with the Crevealed the aforent had been continue Continued interview the QMRP's month objective had been exception of April 2 Interview with the Crevel of the continued survey, failed to re program was continued b. To improve funce After placing an ob- will give the object for 3 of 5 trials as a documentation. In record review rever-	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  modified program. At the time of the survey, continued interview with the QMRP and record review revealed that the client had already met the criteria level established in the modified program prior to its implementation.  2. Review of Client #4's record on November 7, 2007 at 4:21 PM, revealed the client's ISP was held on September 7, 2007. Interview with the QMRP and review of the client's corresponding IPP at 5:23 PM revealed the team recommended the following program objectives for the current		{  424}					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED R	
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	every month from November 2006 through September 2007. Interview with the QMRP, at the time of the survey, failed to reveal information as to why the program was continued without revision.						
	Client #4 will partic stimulation activity with hand over har months by 8/08. It record review reve program objective year's ISP. Contin and review of the Crevealed the progravery month from September 2007. the time of the sur	ending skills. Once a sipate in a mult-sensor of her selection for 5 and assistance for 6 conterview with the QMI aled the aforemention had been continued used interview with the QMRP's monthly note am objective had been November 2006 through the QMI and the	ory onsecutive RP and oned from last e QMRP es en met ugh MRP, at nformation				
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